

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15027	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Martin L Fox P.O. Box, Bldg., Room No., if any Street 12538 SE 225th PL City Kent State Washington ZIP Code + 4 98031	4. Name, file number, and address of labor organization. Name Sheet Metal Workers Local No. 66 Labor Organization File Number 521660 P.O. Box, Building and Room Number, if any Street 13513 NE 126th PL City Kirkland State Washington ZIP Code + 4 98034
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/11/2005

Date

(425) 820-2306

Telephone Number

Name of Person Filing Martin Fox

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Allied Metal Crafts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 34203

Street 2815 2nd Ave #300

City Seattle

State Washington ZIP Code + 4 98121

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Washington ZIP Code + 4

11.a. Nature of such dealing.

The Trust Fund(s) is(are) Taft-Hartley Multi-employer Trust Funds that provide fringe benefit coverage to employees represented by the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

05/10/04 Board Meeting Meal \$28

12.b. Amount.

\$28

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Martin Fox

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pacific Coast Shipyards Metal Trades Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5 Thrid Street, Suite 525

City San Francisco

State California ZIP Code + 4 94103

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Trust Fund(s) is(are) Taft-Hartly Multi-employer that provides fringe benefit coverage to employees represented by the Union employees.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

01/07/04 Board meeting expenses \$264.05

02/25/04 Board meeting expenses \$511.99

12/08/04 Board meeting expenses \$391.66

12.b. Amount.

\$1,168